



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4069

|  |   |                                   |   |  |                                    |
|--|---|-----------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/695,663   | <b>FILING OR 371(c)<br/>DATE</b><br>10/29/2003<br><b>RULE</b>   | <b>CLASS</b><br>725               | <b>GROUP ART UNIT</b><br>2623   | <b>ATTORNEY<br/>DOCKET NO.</b><br>559442004000 |                                    |
| <b>APPLICANTS</b><br>Michael G. Christofalo, Doylestown, PA;<br>Stephen Riedl, Superior, CO;   |   |                                   |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/422,245 10/29/2002  |   |                                   |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |   |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/23/2004</b>   |   |                                   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>PA | <b>SHEETS<br/>DRAWING</b><br>9  | <b>TOTAL<br/>CLAIMS</b><br>10                  | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Michael G. Christofalo<br>407 Appian Way<br>Doylestown, PA18901  |   |                                   |   |  |                                    |
| <b>TITLE</b><br>System and method of providing triggered event commands via digital program insertion splicing   |   |                                   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |